TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages A and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

-0130			CERTIFIC	Alt	UF DEATH		7-3-35	()	126	2
1. PLACE OF DEAT	Н			1	2. USUAL RESIDENCE	E (Where dece			ence before	admission)
a. COUNTY	ueen Anne's		MARWI A		a. STATE Md.		b. COUNTY		n Anne	10
b. CITY OR TOW	/N (if outside corpora	ite limits.	MARYLAI		c. CITY OR TOWN (If		orate limits, write			
	/N (if outside corpora , and give nearest to	wn)	0. 22.00.00				ral	17-	_ /	
Millington		ON (if not in h	nospital, give street add	racel	Millington	te Ru	Idl	, ,	l e. IS RE	SIDENCE
u. NAME OF NO	SPITAL OR INSTITUTI	ו ווו זטנו ווו ז	iospitai, give street auu.	(633)	U. STREET ADDRESS	- 2			ON A	SIDENCE FARM? NO
. NAME OF	F	irst	Middle	MC	Last	4. DATE	Month		Day Y	ear
DECEASED (Type or print)	Geo	rge			Atkinson	DEATH	January			66
SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	7 8	B. DATE OF BIRTH	9.	AGE (In years IF	UNDER 1 YE		
ale	Colored	WIDOWED	-	5	Aug. 19,188	2 83	last birthday) M	onths Day	ys Hours	s Min.
. USUAL OCCUPA	TION (Give kind of worl	kdone 10b.	KIND OF BUSINESS OR	-11	11. BIRTHPLACE (C			12. CITIZ	EN OF WHA	T
ring most of work	ling life, even if retire	ed)	afood Labor		Easton, I	-bN		U.S.		
yster shi		1 260	TOOK DRIVI		14. MOTHER'S MAIL			0.0		
ohn Atkin		ODOFOG I so	COOLS CECHDINA	17	Mollie Fi	eras.	Address			
es, no, or unkown)	EVER IN U.S. ARMED F (If yes give war or dates	of service)	. SOCIAL SECURITY NO.					363	01057	
No.		2.	17-05-0978	Ma:	ry Potts,	Mi	llington,			
18. CAUSE OF	DEATH [Enter only o	ne cause per	line for (a), (b), and (c).	1				11	NTERVAL B ONSET AND	DEATH
PART I. D	EATH WAS CAUSED B'	Y: (a) Ces	ebool her	w	rhale				300	
3.3	1	TO (6)	5		- 0				C .	1,
Conditions, If	, ,	(b) Oc	Uno scler	DC,					Dyla	20 .
gave rise to	Immediate (E TO		0					-	
cause (a), s	stating the	(c) CV	nruny sc	les	Sec.				s ye	<u> </u>
		IONS CONTRIE	BUTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN PA	RT1(a)		AUTOPSY
		OCT.						7.5	YES T	RMED?
20a ACCIDENT	WAS UNDERLYING	7 20b.	DESCRIBE HOW INJURY	OCCU	IRRED. (Enter nature o	f Injury In Par	rt or Part of	Item 18.)	. 20	
OR CONTRIBUT	ING CAUSE OF DE	ATH ZOD.	PEOOKIDE HOW HOUSE	5000	The state of the state of	,,				
			INUIDY COOLIDATE 100	a DI A	OF OF INJUNY/Home 4	arm 204 //	City or town)	(County	1	(State)
20c. TIME OF	INJURY Month, Day,			facto	CE OF INJURY (Home, f ry, street, office bldg., e		Jity of town)	(County	,	(Otato)
p.	.m. 19		rk at work					,,,	17.0	
21. I certi	fy that (I) (this hos	spital) atten	ded the deceased from	m O	yrs. 27,1	967 to		, 19 66		
saw the de	ceased alive on	on.	24 1966, and	d that	t death occurred at	1'30/M, fro	m the causes ar	nd on the	date state	d above
22a. SIGNATU		0			ATTEMPINO	MED	STAFF	22b. DATE	SIGNED	~
U	1 De de	noll	un .	M.D		MED. DIRECTOR	PHYS.	Jour	14/6	06.
22c. PHYSICI	(uma)	1350			22d. ADDRESS	37.5	03663	()	1	
NAME (1	Geza Ko	oralews	ki. M.D.		Millingt	on, Mo	21651			
a. BURIAL, CRE	MATION, 23b. DATE	THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d. LO	CATION (City, tow	n or county	1) ((State)
REMOVAL (Sp	Jan. 2	29,1966	Rileys Nec	k C	emetery	Rural	Milling	ton,	-	Md.
49 FUNERAL DIR	1 .7		ADDRESS	1	25a. RE	Lan LJ Al	TRAR 25b. REG	ISTRAR'S	IGNATURE	ge
Sdinny.	1-1, llas	us, i	Millengto	2/	Ma DATE	FR T	1966		4	
100000	Juno	001 1	1100	11/	DAIL					

VR A15 (4) 15M 4-64 coor mao's. in the second of Lotte To be followed by the control of the control THE WAY SHELL IN P A R SECTION o-, not practify lates to the transfer, The fig. of the second MARYLAND STATE DEPARTMENT OF HEALTH

10	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	, MARYLAND
	01301 CERTIFICATE OF DEATH	01263
1.	1. PLACE OF DEATH a. COUNTY DUCKED ANDES MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution in the county) b. COUNTY) b. COUNTY)	n: Residence before edmission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN If outside corporate limits, write RURAL	and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give dreat address) d. STREET ADDRESS d. STREET ADDRESS	IS RESIDENCE ON A FARM?
00	407 Chesterfield Ave, 407 Chesterfield Ave, 3. NAME OF First Middle Last 4. DATE Month	YES NO P
	(Type or print) HARVRY WILLIAM BAKER DEATH JAN,	10 1966
	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH NATE WIDOWED DIVORCED JAD. 9. 1875 9. AGE (In years IF UND) Month: Month:	
110	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratirad) REFIRED FARMER FARMER FARMER FARMER CARRETT COUNTY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CARRETT CARRETT HARVAND	CITIZEN OF WHAT COUNTRY?
1:	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DAVIEL BAKER 14. MOTHER'S MAIDEN NAME LYDIA CAMP	
1: (15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT) Address (Yas, ng or unkown) (If yes give war or dates of service)	1- M-1
=	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombonis	2 hul
	Conditions, if any, which (b) arlenoscleration Henri Disease	10 years
	gave rise to immediate cause (a), stating the underlying cause last. (c)	
ATION	(6)	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CFRTIELO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MFDICAL	2Dc. TiME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED Hour a.m. p.m. 19 2Dd. INJURY OCCURRED factory, street, office bldg., etc.)	County) (State)
	21. I certify that (I) (this hospital) attended the deceased from Talenda, 19 60, to Tana 10,	
	saw the deceased alive on	22b. DATE
	ATTENDING MED. STAFF PHYS. 22c, PHYSICIAN'S 22d, ADDRESS,	SIGNED
	NAME (TYPO) John R. Smith Jr Centreville Many	land
2	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 33d. LOCATION (City, town or co BURIAL (Specify) JAN. 13, 1966 CHESTER IELD CEMETERY CENTREVILLE. N	AKY (ADC)
2	24) FUNERAL DIRECTORY'S SIGNATURE But Bur Caddress Calle Me. 250. RECID BY REGISTRAR 256. REGIST	's SIGNATURE

VR A15 (4) 20M S-63

1335 and the property of the same o ter the first and the second s THE PARTY OF THE P the is the party than the second of the second manife d. Jane A. (1) The Land of the Land allusations of the property of the property of the state Carland Charles * Aunt adeinstante Heart Marine 10 years I John R South Jr Contractle, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

LOCATION (City, town or county)

Md.

SIGNATURE

Sudlersville,

(State)

23d.

REC'D BY REGISTRAR

	DIVISIO	N OF STATISTIC	AL RESE	ARCH AND REC	ORDS	, 301 W. PRESTO	N STRE	ET, BALTIMO	RE 1, M	ARYL	AND	
	01309	3		CERTIFI	CATI	OF DEATH				()	126	14
	PLACE OF DEATH	1				2. USUAL RESIDENC	E (Where d			esidence	before a	dmission)
	ueen An	ne		MARY	LAND	a. STATE Marylan	d	b. COUN	Quee	n Ai	nne	
	b. CITY OR TOW	N (If outside corporation and give nearest tow	te limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If		rporate limits, wr	Ite RURAL	end giv	e neares	st town)
1	Sudlers	ville	",	Lifetime		Sudlersv	rille	/	7-1			
	d. NAME OF HOS	SPITAL OR INSTITUTION	N (If not In h	ospital, give street a	ddress)	d. STREET ADDRESS						FARM?
3.	NAME OF DECEASED	FI	rst	Middle		Last	4. DATE	Month	1	Day	Yea	ar
	(Type or print)	Edna		Walls	-	Hart	DEAT		n.	14	19	
5.				NEVER MARRIE		B. DATE OF BIRTH		last birthday)		1 YEAR Days	Hours	
	emale	White ION (Give kind of work	WIDOWED			April 24, 1		74 yrs.	1 12 01	TIZEN (OF WHAT	
duri	ng most of work	ing life, even if retire	d)	NDUSTRY				Marie Salaka	CC	UNTRY	?	
-	ostmaste FATHER'S NAM		Po	st Office		Queen Ann			1 0	.S.	H.o	
					120							
	Charles	Walls EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO), 17,	Elizabeth	Darc	Addres	SS			
(Yes	s, no, or unkown)	(If yes give war or dates o						Sudler		- 1	(fall	
	No CAUSE OF	DEATH [Enter only on	a causa par l	ine for (a) (b) and (eorge L. Har		Sugrer	SATTI		RVAL BE	TWEEN
		ATH WAS CAUSED BY		0	6	1	410	11.		ONS	ET AND	DEATH
	4113	IMMEDIATE CAUSE		Lane		and late	unce	lallows				
	Conditions, if	DUE any, which \		00.		7444	.15	1.				
	gave rise to	Immediate ((b)	Curini		any re	entfel	10				
	cause (a), si underlying caus	raring me	(c)	Quantil	1	anderen 6	1 -	Celen			0 1	
NO.	PART II. OTHER S	IGNIFICANT CONDITION		THIG TO DEATH BUT	NOT RELA	TED TO THE TERMINAL D	DISEASE CO	NDITION GIVEN IN	PART 1(a)	19.	WAS AU	JTOPSY MED?
CAT				VALIN	0	P				YE	_	NO
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING ON CAUSE OF DEA	20b.	DESCRIBE NOW INJU	RY OCCU	RRED. (Enter nature of	f Injury In I	Pert I or Part II o	f Item 18.	.)		
			W						. 10.			
MEDICAL	20c. TIME OF Hour a.r	INJURY Month, Day		Control of the Contro	20e. PLAI factor	CE OF INJURY (Home, fa ry, street, office bldg., e	erm, 20f.	(City or town)	(Cou	inty)	(State)
MED	1.0	921	While at wor	k at work				-				
	21. I certif	y that (I) (this hos	ojtal) attend				95/2, to	-1-001				we) iast
		ceased alive on	an 13	19/0/0,	and that	death occurred at	3 / M,	rom the causes				above.
	22a. SIGNATU	Tt.	01-	7/	V	ATTENDING A	MED.	STAFF -	22b. D	ATE SIG	INED	
	DUVELOUS	to the	Hill	2 celly	M.D	. PHYS.	DIRECTOR	PHYS.	1//	414	260	-
	22c. PHYSICIA NAME (T		7100	WEF		22d. ADDRESS	0	1.0-	-	11	,	

NAME OF CEMETERY OR CREMATORY

Sudlersvil ADDRESS

Millington, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove before papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

BURIAL, CREMATION, REMOVAL (Specify) Burial

FUNERAL DIRECTOR

23b.

DATE THEREOF

Jan. 16,1966

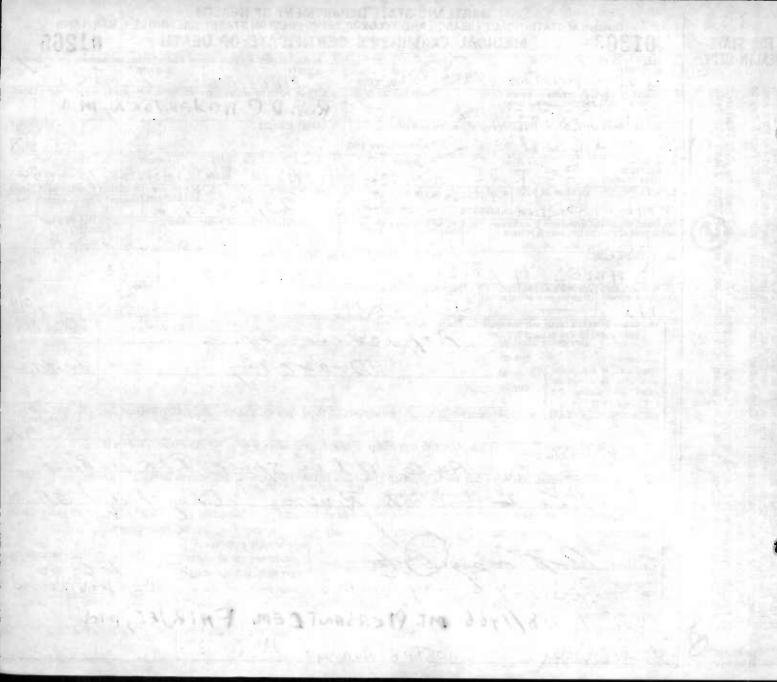
THE ROOM OF THE PARTY OF THE PA 138 LW The state of the s AND THE RESERVE OF THE PARTY OF THE RESERVE TO THE PERSON OF T and the second of the second o FOR STATE-HEALTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01303 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0126

01265

DEPI.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased)	ed lived, If Institution: Residence before admission)
	SUPEN ANNES COUNTY, MC 3. STATE UR X/AND	b. county
this this	I MANITARID I TOTAL	ate limits, write RURAL end give nearest town)
the State Department 72 hours after death.	write RURAL and give nearest town)	estonn, md
er	1 1 1 1 1 2 2 7 7 7 7 7 7 7 7 7 7 7 7 7	14 = 2 e. IS RESIDENCE
aft	d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	DN A FARM?
ate OO	ISTAND CREEKKOAD CENTREV://EMd	YES ND
Po Po	3. NAME OF First Middle Lest 4. DATE	Month Day Year
	(Type or print) GEORGE OLIVER HYNSON DEATH	JANUARY 4 1966
2 with within		GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
wiiw.	MALE COLORED WIDOWED DIVDRCED JAN. 43,1944 5	yrs.
3 5 A	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (State or foreign during most of working life even if reflect)	country) 12. CITIZEN DF WHAT COUNTRY?
70	during most of working life, even if retired) INDUSTRY OUS MARY (AN)	d U.S. A
an	13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME	
File pages, and in an	SAMES HYNSON FRANCES	MillER
and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT	Address = D
	(Yes, no, or unknown) (If yes give war or dates of service) 317. 42-7492 MRS. BETTY HYNUSO	N Chestertown, Md
permit.	NO -	I INTERVAL BETWEEN
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	DNSET AND DEATH
or	IMMEDIATE CAUSE (a)	
burial-tran cremation,	8 2 3 4 DUE TD	1/2 7
ial-i	Conditions, If any, which (b)	10 mm
bur	gave rise to immediate cause (a), stating the DUE TD	
	underlying cause last. (c)	
ed as a burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDI	FIDNGIVEN IN PART 1(a) 19. WAS AUTDPSY
sed br	ATIC	PERFORMED? YES NO DA
55	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part	
3 should be used as agent, prior to burial	20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part CAUSE OF DEATH.	O. D
it, I		ty or town) (County) (State)
gen	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Horde, farm, factor), street, office bldg., etc.)	distribution (country) (state)
	p.m. 19 at work at work	wrek Mill BAM9
Pag ate	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection	Inquiry , and in my opinion
R.		ndetermined manner
des	CHIEF MEDICAL EXAMINER	
E ST	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMIN	ER 22. DATE SIGNED
0.0	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	1-1.16
FUNERAL DIRECTOR: Page f Health or its designated	EXAMIRER'S ROON EY C. LAY TON M.D. Address (Street, city, town, o	and a second the second
He		ATION (City, town or county) (State)
000	REMOVAL (Specify) 1/8/1966 MT. 01 FASANT CEM, FA	RIFE MA
-	24. FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGIST	RAR 25b. REGISTRAR'S SIGNATURE
ISME S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and a second
LOWE -	1 Semplo Willer Chester low N, Md DATE 10	

TO DEPUTY MEDIDAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. VR A15ME 3500 4-64



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STAT	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI	
01304	CERTIFICATE OF DEATH	01266

7.00						•			(F will.	61.01	
1. PLACE DF DEAT					2. USUAL RESIDENCE			OUNTY		before ad	mission)
	ueen Anne's		MARYLA		Md.				ent	100	
b. CITY OR TOW Write RURAL	N (if outside corporate and give nearest town	e limits,	c. LENGTH OF STAY	N 1b	c. CITY DR TDWN (If	f outside	corporate limits	, write RURA	L and gly	e neares	t town)
Sudlersvi		"			Galena		/	11- 2			
	SPITAL OR INSTITUTION	N (If not In hos	pital, give street add	ress)	d. STREET ADDRESS				0	, IS RESI	DENCE
		(11111111111111111111111111111111111111	, and a state and		ar ornazi yabilabi				Y	DN A F	ARM?
3. NAME DF	Fir	st	Middle		Last	4. DA		ionth	Day	Yea	r
DECEASED (Type or print)	RNIM	Δ	COLEMAN	T .	JOHNSTON	DF	ATH .Ta	nuary	3.	19	66
5. SEX					DATE OF BIRTH	1	10 ACF (In ve	are LIFTINDE	RIVEAR		
0. 02.	OF GOLDIE OIL HAGE	7. MARRIED	NEVER MARRIED				last birthd	ay) Months	Days	Hours	Mln.
Female	White	WIDOWED	DIVORCED		ctober, 23, 1	1877	88 yr				
1Da. USUAL OCCUPAT	ION (Give kind of work of	one 10b. KIN	D OF BUSINESS OR		11. BIRTHPLACE (C	county & S	tate, or foreign con	intry) 12.	CITIZEN (OF WHAT	
Housewife	ing life, even if retired	Home	USTRY		Md.			II	SOUNTRY	1	
13. FATHER'S NAM		Tionic				DENI MARA	-		O 8218		
13. FATHER'S NAM	IE .				14. MOTHER'S MAIL						
Charles R	eese Colema	n			Margaret M	Monta	gue				
15. WAS DECEASED	EVER IN U.S. ARMED FOI	RCES? 16. SC	CIAL SECURITY NO.	17.	INFORMANT		Ac	dress		4- 1	- 11 - 1
	(If yes give war or dates of	service)					- 12				000
No.		No	one.	Mrs	. Arthur Co	olema	n, Sudle	rsvill			
18. CAUSE DF	DEATH [Enter only one	cause per line	e for (a), (b), and (c).]					INTE	RVAL BET	WEEN
PART I. DI	EATH WAS CAUSED BY:	. Care	rinoma of	7	oft breast	ь.				Tea:	
100	IMMEDIATE CAUSE	(a) Oal (DATIONIA OF	, ala (OT O DI OCO	0				Joa	-
1701	DUE 1	10									
Conditions, if		(b)									
gave rise to cause (a), s		10							1		
underlying caus	an Inch	(a)							10.3		
	SIGNIFICANTCONDITIO	(c)	NG TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISFASE	CONDITION GIVE	N IN PART 1/2) 19.	WAS AU	TOPSY
E	ordini torani compilito	No CONTRIBUTI	MG TO DEATH DOT NO	A IV MINE	TED TO THE TERMINAL	DIGLIGE	JOHE THOM GIVE			PERFOR	MED?
01:			A July						YE	s	NO [
PART II. OTHER S	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEAT TIFY MEDICAL EXAMIN	20b. DE	SCRIBE HOW INJURY	OCCU	RRED. (Enter nature o	of Injury	n Part I or Part	II of Item 1	8.)		
										-	
	INJURY Month, Day, Y				CE OF INJURY (Home, fary, street, office bldg., e		f. (City or tow	n) (Cc	ounty)	(5	tate)
Hour a.i		While at work	Not While at work	10000	y, 51100t, 511100 blug., c	.,					
				-	TIMA (21.0	to 3 m	10	11	1 11 1.	-> 14
	fy that (I) (this hosp					1965			66, th		
	ceased allive on	0.12,	19 <u>6)</u> an	d that	death occurred at_	N	, from the cau				above.
22a. SIGNATU	RE	1						22b.	DATE SIG	ENED	
(1	0 11		M,D	ATTENDING PHYS.	MED. DIRECTO	R PHYS.		.4.	66	
22c. PHYSICIA	AN'S		7		22d. ADDRESS						
Arthur		, Jr.,	M.D. FA	CS	Chester	town	, Maryl	and	2162	30	
23a. BURIAL, CREM	MATION, 23b. DATE T			TETERY	OR CREMATORY	23d.	LOCATION (CIT	y, town or c	ounty)	(St	ate)
	OCITY) 1-1-	1911	GALENA	0	EMETERY	16	IN FILA	ma	/		
24. FUNERAL DIRE	ECTOR 6	1466	ADDRESS	-			EGISTRAR 25b	REGISTRAL	R'S SIGN	ATURE	
TONLINAL DIKE	1 1 11		ADDITEOU	Page .	4	NO DE I					
6 duni	& Tellow	m, a	ellinota	0,0	ma DATEN	7	1966	Charle	a Oca	das	
1			7				- 11				

B 5 5 erra national (beaching and brieffeles), let a . u adv to Co anom with the same BURGAL 1-6-1966 GALERIA CEMETERY GALERIA, MICE Edward Fellow Millergton, Well .

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
01305	CERTIFICATE OF DEATH	01267

02000		1460
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE 7	Residence before admission)
QUEEN ANNE MARYLAND	MARYLAND MU	EEN ANNE
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RUR)	AL and give nearest town)
CENTERVILLE 11/5	CENTERVILLE	17-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	o. STREET ADORESS	e. IS RESIDENCE ON A FARM?
ILLMAN	TILLMAN OT	YES NO P
3. NAME OF DECEASED First Middle Leave:	Or -/.	Oay Year
E OFF	B. DATE OF BIRTH 9. AGE (In years I I F UNDE	T 1966 ER 1 YEAR IF UNDER 24 HRS.
5. SEX 6. COLON OR RACE 7. MARRIEO NEVER MARRIEO OIVORCEO OIVORCEO	A Service (last birthday) Months	
10a. USUAL OCCUPATION (Give kind of workdone 10b. KINO OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT
during mest of working life, even if retired) NETIRED FARMER	TALBOT MAXVEANA	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7.571
THOMAS EDWARDLEVERTOX	SALLIER, MULLIKIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address	
No 217-36-1251 THO	MAS ROELEVERTON R.D. CEN	TERVILLE B
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 - 1	INTERVAL BETWEEN ONSET AND DEATH
PART I. OEATH WAS CAUSEO BY: 1 Congestive Ne	and bailure	ineh
4200 OUE TO 0 1	11 / ×	
Conditions, If any, which (b) 3/ Willresseless	D At proces	10 years
gave rise to Immediate cause (a), stating the OUE TO	10	There
underlying cause last. (c)	Minter	T C C C C C C C C C C C C C C C C C C C
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SEATH BUT NOT REL	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(PERFORMEO?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRREO. (Enter nature of Injury in Part I or Part II of Item 1	YES NO
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THEO. (Little Hatara of Injury In Fact 1 of Fact 1 of Italia	
정 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAC		ounty) (State)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE 19 While Not While factor at work 19 at work	ry, street, office bldg., etc.)	
	Jan. 1 1960 to Jon 8 , 19	66, that (I) (me) last
	death occurred at 500 M, from the causes and on	
22a. SIGNATURE		DATE SIGNEO
John Khulds h , M.O		10 66
22c. PHYSICIAN'S NAME (Type) JOHN R Shith Tr.	22d AOORESS	
23a. BURIAL CREMATION, 23b., OATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or c	county) (State)
REMOVAL (Specify) 1/10/66 SPRING	HILL EASTON	MD
24. FUNERAL DIRECTOR ADORESS	1 1111 10 1000 001	R'S SIGNATURE
Oltolia Cara Leadon, h	and OATEN 12 1966 Juliant	es Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral ang 2 hours after death PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY etely filled in by the further papers. Pages 1 and within 72 hours after d Queen Anne rieen Anne MARYLAND b. CITY DR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give mearest town) hester e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM?, 00 YES NO A The law requires that the death certificate be executed within or attending physician. competely 3. NAME OF DATE Month Year First Middle Last 4. Day DECEASED 01.71 SUDI ER 12 19 66 event, anuary (Type or print) DEATH SEX White DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Male 8. 9. 7. MARRIED NEVER MARRIED last birthday) Months remov Davs Hours it. Then please remover or removal, and in any and WIDOWED 7 DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please i during most of working life, even if retired) INDUSTRY, Maintenance man State Roads COUNTRY? USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME harles Lewis Sarah. yestord 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unkown) (If yes give war or dates of service) s been signed by the atters the burial-transit permit ior to burial, cremation, or Maryland INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] DISET AND DEATH PART I. DEATH WAS CAUSED BY: munites IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating as th underlying cause last. this certificate has CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? NO T YES T PHYSICIAN: T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I MEDICAL (State) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. While Not While director, page 3 should be d should be filed with the State be retained by ATTENDING p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 1962 and that death occurred at Jap M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF M.D. PHYS. TO HOSPITAL (Page 4 may 22d. ADDRESS PHYSICIAN'S director, p should be 22C. Smith NAME (Type) entreville BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. Stevensville Mary REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR 25b.

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1				MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,		RYLAND
FOR S	TATE			01307 MEDICAL EXAMINER'S CERTIFICATE OF DI	EATH ()	1269
HEALTH	DEPT		1.	a. COUNTY a. STATE	sed lived, If Institution: R b. COUNTY ne Arunde1	esidence before admission
eral,	death.			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		and give nearest town
e fun may	partn er de			Chester 2 hours Annapolis	02-	2 l e. IS RESIDENCI
is in the the	e Depar			d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Harbor View St. Mary's Rectors		ON A FARM?
delay is ind 3 to Page	State hours		3.	NAME OF First Middle Last 4. DATE	Month	Oay Year
2, an	the 72			OF (Type or print) Stephen L. McGovern DEATH	Jan.	30 19 6 6
ges 1, form 1	2 with withln		5.	SEX 6, COLOR OR RACE 7 MARPHED NEVER MARPHED 8. OATE OF BIRTH 9.	AGE (In years IF UNDER last birthday) Months	1 YEAR FUNDER 24 HR
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uted within 2 " in pencil in Examiner's (permit. removal			no St. Mary's Rectory. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Annapolis,	I INTERVAL BETWEEN
in p	sit p			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		15 min
C 00	tran:		9	4201 DUE TO		
be ex pendi	burial-transit cremation, or			Conditions, If any, which gave rise to immediate (b) arteriosclerotic heart disease		years
should word "	(0)			cause (a), stating the DUE TO underlying cause last. (c)		
the the	used as to burial		SATION		TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
is certific writing t arded to	should be a	0	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	I or Part II of Item 18	.)
R: This ate, w forwar	3 shou agent,		MEDICAL		ity or town) (Con	unty) (State)
MINE rtific	Page		M	p.m. 19 at work at work	, Inquiry ,	and in my opinio
EXA boul					Indetermined manner	
DICAL te th	DIRECTOR: r its design			ACTUAL CHIEF MEDICAL EXAMINER		22. DATE SIGNEE
MED ecut Page	or it			SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER OEPUTY MEDICAL EXAMINER	Ton	n. 31,1966
e ex	FUNERAL f Health o	2		RAMME (Type) C. R. Layton, M.D. Address (Street, city, town, c	or county) Centre	eville, Md.
DEPUT please e director.	O FUN of He		23a	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOC PEDENDTORST EM. ST. MARY'S A.	ATION (City, town or co	
		2	24	ADDRESS 1 25a, REC'D BY REGIST	wat 1.	
	15ME 4-64	B	0	NOHN M. TAYLOR. SONS ANNAPOLIS MO OFFEB 7 19	66 Juliane	00

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be-Page 4 may be retained by the hospital or attending physician.

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VR AI5 (4) 20M I/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01308

CERTIFICATE OF DEATH

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	O.	
1. PLACE DF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re 6. STATE / b. CDUNTY	esidence before admission)
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	EN ANNES
write RURAL and give nearest town) INGLESICE	Ingleside	17 - 1
d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
		ON A FARM? YES NO NO
3. NAME DF DECEASED (Type or print) DC+DVIR GRIPCH Middle MER	Last 4. DATE Month DE TAN.	Day Year 3 1966
P OFV	B. DATE OF BIRTH 9. AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWED DIVORCED (et, 15, 1871 94 yrs.	Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		TIZEN DF WHAT
FARMING FARM OWNER + CREERA	de Changy Calvert Co: 1110, U	Sit.
1 - m () - '00' 11	14. MOTHER'S NAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	0 10 1	· md
18. CAUSE DE DEATH [Enter only one cause per line for (a), (b), and (c).]	PERCIVAL MERRICK, JR. DENto	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	10000100100	ONSET AND DEATH
IMMEDIATE CAUSE (a) /4E WE /2	elinary Ocdimica	Thour
Conditions, If any, which) DUE TD Artro Scler	olie Cardio Vascular	
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underlying cause last. (c) elised se		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	DDED /Faton colons of latent to Date to Date to Colons	YES NO
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
Tactor	CE OF INJURY (Home, farm, 20f. (City or town) (Cour y, street, office bidg., etc.)	nty) (State)
p.m. 19 While Not While at work		
are a country that the thought attended the decoded it out	2n 3, 1966, to Qan 3, 196	that (I) (we) last
saw the deceased alive on Odr 3 19 CC, and that	death occurred at 2 5M, from the causes and on the	
1 1 T	ATTENDING - MED STAFF -	TE SIGNED
22c. PHYSTCIAN'S Cay LAND	PHYS. DIRECTOR PHYS	1-66
NAME (Type) C. R Layton	Centreville Mel	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
BURIAL HADIS, 1966 SUDIERSYITE	EMETERY Sudlersville, MA	ey land.
FUNERAL DIRECTION But Bur Cataville	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	0
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AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH director. Passour files. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY COUNTY Queen Anne Queen Anne MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Rural Sudlersville Rural Sudlersvil d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) and 3 to the funeral QN A FARM? refained State YES NO death. 3. NAME OF First Middle 4. DATE Month Day Year DECEASED OF (Type or print) DEATH Goldsborough anuarui with 6. COLOR OR RACE 7. MARRIED 5. SEX MF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS NEVER MARRIED may 2 with and 2 w last birthdey) Months Devs Male WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired Farmer Farm Greensboro, Maryland in Item 18. Give Pages pages form PM3. 13. FATHER'S NAME Elwood Morris ora V. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service) Mrs. Alice Morris-Sudlersville, Md. along with the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: + Extensive Injurys in pencil IMMEDIATE CAUSE (a) Office DUE TO burial removal. Extraties, + Abdoren both Lower DUE TO (a), steting the undarlying Lies Mea cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN WAS AUTOPS CERTIFICATION PERFORMED? 99 please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E NO A should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 1B.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (flome, ferm, 1 20f. (City or town) Month, Dev. Yeer (County) (Stata) fectory, street, office bldg., atc.) While Not While at work FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection D. Inquiry W and in my opinion Accident X death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE TO DEPUTY EXAMINER'S NAME (Type) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 40 ò Burial Maryland an. hurch Hi 23. FUNERAL DIRECTOR VS. A15ME gar on oran 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATION OF STREET

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1.2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 31 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

273

	D. PLACE OF DEATH a. COUNTY Queen Anne's County, Maryland b. CITY OR TOWN (if outside corporate limits, Write RURAL and give nearest town) R.F.D.Centreville, Md.	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE Maryland b. COUNTY Maryland C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) R.F.D. Chestertown. Maryland									
0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Island Creek Road	d. STREET ADDRESS 4 - 2 0. IS RESIDENCE ON A FARM? YES NO									
	3. NAME OF DECEASED (Type or print) George Joshua Thompson 4. DATE OF DEATH 1 Day Year 1 1 4 196										
	Male Colored WIDOWED DIVORCED 7	9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. YEAR Hours Min. Months Days Hours Min. Min.									
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Various	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT									
	Joseph Thompson Sr.	Pauline Washington									
	(Yes, no, or unkown) (If yes give war or dates of service) 2/3-74-0120 M3	Address rs.Pauline Thompson Chestertown, Md									
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	-ouning Interval Between ONSET AND DEATH									
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. EXTERNAL CAUSE WAS 1 20b. DESCRIBE HOW INJURY OCCU	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO STREED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)									
7	PRIMARY TO CONTRIBUTING ALL TO CY L. CAUSE OF DEATH. Auto CY L. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) Roz R River (County) (State)									
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and In my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner ACTUAL										
4	EXAMINER'S Rodney C. Layton M.D. 23a. BURIAL CEMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	Address (Street, city, town, or county) Centreville, Md. Y OR CREMATORY 23d. LOCATION (City, town or county) (State)									
Burial 1/8/1966 Mt. Pleasant Cem. Fairlee Maryland 24. FUNERAL DIRECTOR Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown, Md. JAN 7 1966 Fleasant Cem. Fairlee Maryland Chestertown Fleasant Cem. Fairlee Maryla											

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FOR STATE HEALTH DEPT.

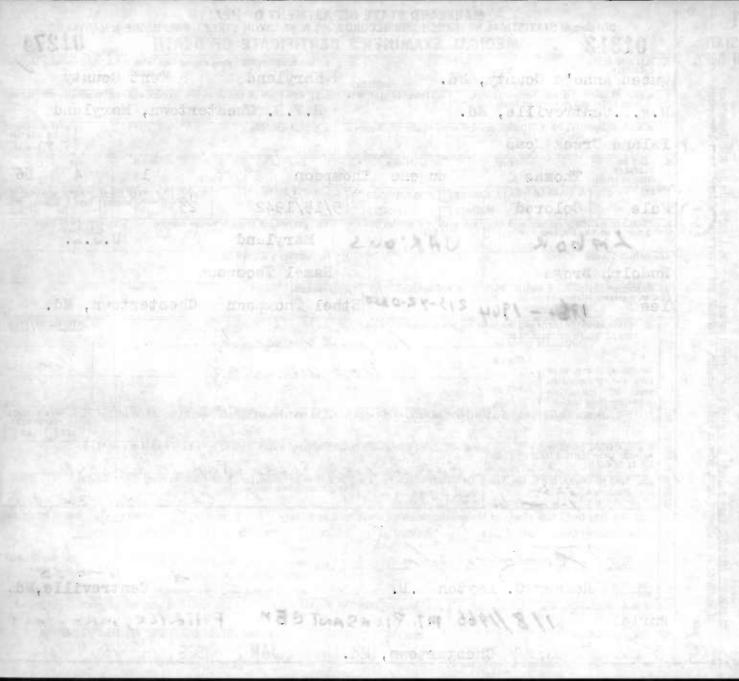
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page of Health or its designated

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VR A15ME 3500 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
ivision	of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, I	
12	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	012

- Contract	01312 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	01274					
-	1. PLACE OF DEATH 2. COUNTY Queen Anne's County, Md. MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Masyland Refly County						
	b. CITY OR TOWN (if outside corporate limits, R.F.D. Centreville, Md.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R.F.D. Chestertown. Maryland						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Island Creek Road	d. STREET ADDRESS 4 - 2 e. IS RESIDENCE ON A FARM? YES NO						
	3. NAME OF DECEASED (Type or print) Thomas First Middle Eugene Thomas	mpson 4. DATE Month OF DEATH 1	Day Year 4 19 66					
-	Male Colored WIDOWED DIVORCED	5/15/1942 25 yrs.	Days Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY.	Maryland U.S	TIZEN OF WHAT					
	Rudolph Brown	Hazel Thompson						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) Yes Yes (1964 - 1964 213-42-0350 Ethel Thompson Chestertown, Md.							
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH						
	Conditions, If any, which gave rise to immediate (b)	10min						
	cause (a), stating the underlying cause last. Cc		10 Was all Topsy					
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. Auto at h. 5		19. WAS AUTOPSY PERFORMED? YES NO					
	20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH.		ver					
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work at work							
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection, Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner							
2	ACTUAL CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED							
	EXAMINER'S Rodney C. Layton M.D. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Centreville, Md.							
		ANT CEM. FAIR/EE, MI	S SIGNATURE					
	24. FUNERAL DIRECTOR ADDRESS Chestertown, Md.	MAN 7 1966 Icharles						



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EYAMINED'S CEDTIFICATE OF DEATH

1	OTOT	O IV	LDIOAL	LAMMINTLI	5	JEKIII IOAT	F 01	DEATH			161	
1.	a COUNTY		0	Ma								mission)
	Que	en Anne's	maryla	na	Wer	20 00	, uii (J				
	b. CITY OR TOV	WN (if outside corpora	ite limits,	c. LENGTH OF STAY IN	1b							t town)
D	D To D Controville Md.					R.F.D. C	hest	tertown,	Mary	Tar	ıa	
A.	d. NAME OF HO	OSPITAL OR INSTITUTI	ON (If not in h	ospital, give street addr	ess)	d. STREET ADDRESS			14-	21		
	Island Creek Road					YES NO Z						
3.	NAME OF DECEASED (Type or print)			Middle Ti	hom	ipson	OF	7	h	Day 4	Yea 19	56
5.	SEX	The same same to the same same same same same same same sam	1		1 8	. DATE OF BIRTH		9. AGE (In years				
I	Male	Colored	111111111111111111111111111111111111111		5 9	/22/1942		23t birthday) yrs.			Hours	Min.
10a. durl	USUAL OCCUPA	TION (Give kind of work king life, even if retire	ed) I	NDUSTRY				oreign country)				
			Va:	rious								
13.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME											
	Joseph	Thompson	1		+	auline wa	asnı					
	WAS DECEASED	EVER IN U.S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT	mı.	Addre	SShoa	ton	town	Ma
		(11 yes give war or dates	or service)	16-40-3727	Mrs	s. Pauline	Tn	ompson	ones	CET	COANTI	9 21100
1		DEATH (Enter only or	ne cause per l	Ine for (a) (b) and (c)]						LINTE	RVAL BET	WEEN
		EATH WAS CAUSED B	Y:	A 1 1	,	m 1.	,			ONSET AND DEATH		
IMMEDIATE CAUSE (a)												
	800	/	TO			7)	20 /	10 0		1/	OM	14
			(b)			1/2000	1- 1	ng		-		
		DITE	E TO									
			(c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a								a) 19. WAS AUTOPSY PERFORMED?				
CAT										YE	s 🔲	NO 🗌
Ē	20a. EXTERNA	AL CAUSE WAS	20b.	DESCRIBE HOW INJURY	OCCU!	RRED. (Enter nature o	f Injury 1	n Part I or Part II	of Item 18	B.)		4
E	CAUSE OF DEA	T CONTRIBUTING []		A 1. 70 0	77	11 56	00	1 72 an	my	/ 3	DIVA	3
AL C	One TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e, PLACE OF MIURY (Home, farm, 20f, (City or town) (County) (State)											
Hour a.m. /2 30 66 while Not While of factory, street, office bldg., etc.)								1-211	10	70 2	n d	
ME			at wor	k at work						40.0	// //	wy
	21. I certi	fy that I took charg	ge of the ren	nains described above	e, hel	d an Autopsy,	Inspe	ction , Inqu	iry K	and	in my	opini
	death resul	Ited from: Natura	al causes	, Accident 🖳	Suid	cide, Homic	de	Undetermined	manner			176
		12		0	-	CHIEF MEDICA	L EXAMI	NER				
	ACTUAL	Coto	den	is of our ter	~	M.D. ASSISTANT ME	DICAL EX	AMINER [1-			SIGNED
			7			DEPUTY MEDIC	CAL EXAM	IINER 🗌				61
	NAME (Type)	Rodney C.	Layto	n M.D.		Address (Stree	t, city, t	own, or county)	SHOLE	SATT	Te,"	ıı u
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)												
T		pecity) 7 /9/7	966	Mt.Pleasa	ant	Cem.	Fe	airlee, M	lary]	Land	1	
			,,,,,,	ADDRESS			C'D BY R	EGISTRAR 25b. R	EGISTRAF	R'S SIGN	NATURE	
1	Zannol	Dwaller	Che	estertown,	Md	NAM.	7	1966 200	unde	7 Ju	dale	
	Tes 3. 5. 10aa duri 13. 15. (Yee N.)	1. PLACE OF DEAR a. COUNTY Que b. CITY OR TOO Write RURA! R. F. D. Ce d. NAME OF HO Island C 3. NAME OF DECEASED (Type or print) 5. SEX Male 10a. USUAL OCCUPA during most of wor Iabor 13. FATHER'S NAI JOSEOS ESE (Yes, no, or unkown) NO 18. CAUSE OF PART I. D Conditions, if gave rise to cause (a), underlying cat PART II. OTHER 20a. EXTERN. PRIMARY I'D CAUSE OF DEA 20c. TIME OF Hour a p 21. I certi death resu ACTUAL SIGNATURE EXAMINER'S NAME (Type) 23a. BURIAL, CRE EXAMINER'S NAME (Type) 23a. BURIAL, CRE EXAMINER'S NAME (Type) 23a. BURIAL, CRE EXAMINER'S NAME (Type) 24. FUNERAL DIF	Dueen Anne's b. CITY OR TOWN (if outside corpora write RURAL and give nearest too R. F. D. Centreville d. NAME OF HOSPITAL OR INSTITUTI Island Creek Road 3. NAME OF DECEASED (Type or print) William 5. SEX 6. COLOR OR RACE Male Colored 10a. USUAL OCCUPATION (Give kind of worlduring most of working life, even if retire Tabor 13. FATHER'S NAME JOSEPH Thompsor 15. WAS DECEASED EVER IN U.S. ARMED F (Yes, no, or unkown) (If yes give war or dates No 18. CAUSE OF DEATH [Enter only on PART I. DEATH WAS CAUSED B IMMEDIATE CAUSE NO 18. CAUSE OF DEATH [Enter only on PART II. DEATH WAS CAUSED B IMMEDIATE CAUSE OF DEATH (CAUSE WAS PRIMARY OF OR CONTRIBUTING CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Hour a.m. 19 21. I certify that I took charged death resulted from: Natural ACTUAL SIGNATURE EXAMINER'S RODREY C. 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) R. F. D. Centreville, Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in home of Hospital or Institution (if not in	1. PLACE OF DEATH a. COUNTY Queen Ame's County, Md. MARYLAN b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) B. C. LENGTH OF STAY IN R. F. D. Centreville, Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addited and the color of print) S. SEX G. COLOR OR RACE OLOR OR RACE OLOR OF OLOR	1. PLACE OF DEATH 2. COUNTY Queen Amne's County, Md. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) R. F. D. Centreville, Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Island Creek Road 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Island Creek Road 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Island Creek Road 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Island Creek Road 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Island Creek Road 3. 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LUSUAL OCCUPATION (Cive kind of work for indicate of the county o	1. PLACE OF DEATH 2. COUNTY Queen Anne's County, Md. 3. COUNTY Queen Anne's County, Md. 4. COUNTY Queen Anne's County, Md. 5. CLENGTH OF STAY IN 1D C. CITY OR TOWN (If outside corporate limits, write Rullar, and give nearest town) R. F. D. Centreville, Md. 4. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Tsland Creek Road 3. NAME OF ORCERSED (Type or print) William Joseph Thompson SEX G. COLOR OR RACE 7. MARRIED DIVORCED 9/22/1942 102. USUAL OCCUPATION (Give kind of work done) UND. KIND OF BUSINESS OR WILLIAM (INDIONESS OF MARY) WIDDITRY Various 13. FATHER'S NAME 14. MOTHER'S MADEN NAMI JOSEPH Thompson 15. WAS OPECASED EVER IN U.S. ARMED FORCES? (Ver. no. or unknown) (If yet give war or dates of service) NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. CC. TIME OF INJURY Month, Day, Year 19 without at work in a twork of the cause (a), stating the underlying cause last. 20a. EXTERNAL CAUSE WAS PART II. OF INJURY Month, Day, Year 19 without at work in a twork of the country of t	1. PLACE OF DEATH 2. COUNTY 2. COUNTY 3. COUNTY 4. COUNTY Crueen Arme's County, Md. MARYLAND D. CITY OR TOWN (if outside corporate limits, within RUBAL and give nearest town) R. F. D. Centreville, Md. d. ARME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Sland Creek Road 3. MANE OF DECEASO TO COLOR OR RACE COLOR OR RACE COLOR OR RACE TO MARRIED DIVERS MARRIED SON WIDOWED DIVORCED 9/22/1942 103. USUAL OCCUPATION (Give kind of work done) UNDOWNED DIVORCED 9/22/1942 104. DATE SEX COLOR OR RACE TO MARRIED DIVORCED DIVORCED 9/22/1942 105. DATE OF BIRTH PLACE (State or freign country) Maryland 1. FATHER'S NAME JOSEPH Thompson 1. MODERN 1. BIRTHPLACE (State or freign country) Maryland 1. MOTHER'S MAIDEN NAME PAULINE Washington 1. MATER'S MAIDEN 1. MOTHER'S MAIDEN NAME PAULINE Washington 1. MOTHER'S MAIDEN NAME PAULINE W	1. PLACE OF DEATH 3. COUNTY Now, (if outside corporate limits, county) No. city or flown (if outside corporate limits, county) No. city or flown (if outside corporate limits, county) No. city or flown (if outside corporate limits, write RURAL and give nearest town). R. F. D. Centreville, Md. d. MANE OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Taland Creek Road S. BABLE OF First Joseph Thompson DEATH STATE OF SIRTH STATE OF S	1. PLACE OF DEATH 2. OUNTY Queen Ame's County, Md. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) R.F.D. Centreville, Md. d. MANE OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Tsland Creek Road 3. MANE OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Tsland Creek Road 3. MANE OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) S. SEE G. OUGH OR RAGE [7, MARRIED] NEVER MARRIED S. SEE G. OUGH OR RAGE [7, MARRIED] NEVER MARRIED NEVER MARRIED NEVER MARRIED S. AGE (in years if underly year Months) Days Months Days Months Days Months Days Months Days No. 11. BIRTHPLACE (State or foreign country) No. 12. CHIZEN Maryland Last S. AGE (in years if underly year Months Days Months Days Months Days Months Days Months Days Maryland L. OUTY OR MARRIED 13. SARE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 15. MAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIALS ECURITY NO. 17. INFOMMANT NO. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. PART I. DEATH WAS CAUSED BY. DUE TO CONDITION (Iffyes piny and offices ferried) DUE TO CONDITIO	1. PLACE OF DEATH 2. CULTY Queen Ame's County, Md., MARYLAND b. CITY OR TOWN off outside corporate limits, write RURAL and give nearest town with RURAL and give nearest town. B. F. D. Centreville, Md. c. R. F. D. Chestertown, Maryland R. F. D. Che

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1	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	1	01314 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01276
HEALTH DEPT.	1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission a. COUNTY b. COUNTY
ert be	-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town
the funeral 5 may be Department		Write RURAL and give nearest town) Do A Minister 10h College PARK 16-2
State Department of the John State Open State	0	e. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 4330 HARTWICK Road, Apt 115 on A FARM? YES \(\sum \) NO \(\bar{\cup} \)
delay nd 3 . Pa . Stat hour	3.	NAME OF DECEASED T FIrst Middle Last 4. DATE Month Day Year DECEASED TO F
any dela 2, and PM3. P h the St n 72 hou	-	(Type or print) JAMES CRAWFORD VEASEY DEATH JAN. 9, 1966
ith. If an form P form P within		MALE WINDOWED DIVORCEO JUNE 24, 1937 28 yrs.
thours after death. If a litem 18. Give Pages 1, the along with form lite pages T and 2 with and in any even within	10 dt	e. USUAL OCCUPATION (Give kind of work done) 10b. Kind OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ours afte n 18. Gi e along pages T in any		FOOD TOSPECTOR U.S. GOV'T DELAWARE U.S. H.
4 hours Item 1 Iffice a Iffice a and in	1	John Hammond VEASEY ANNA MAR Collins
2'E0'.	0	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Harbor Charles of Service) 221-20-1765 Charles Wilson Truin D. Art 115. College Park, Mo
This certificate should be executed within a, writing the word "pending" in pencil irwarded to the Chief Medical Examiner's should be used as a burlal-transit permit. ent, prior to burial, cremation, or removal	=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
cuted s, in Exar Insit		PART I. DEATH WAS CAUSED BY: AS PLCXIC BY Vrowning UNSET AND DEATH
id be executed "pending" in f Medical Exal burlal-transit cremation, or		Conditions, If any, which (b)
uld be ef Me ef Me a bur		gave rise to immediate course (a), stating the DUE TO
ficate shoul the word to the Chief used as a to burial,	No	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
the the to the to b	GAT	Expesione to Cold Water 208. EXTERNAL PAUSE WAS 208. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Pert I or Pert II of Item 18.)
riting ded ded	CERTIFICATION	208. EXTERNAL PAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Pert I or Pert II of Item 18.) Went out in Small boat in heavy Sea
ER. This certificate, writing forwarded to 3 should be agent, prior t	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
EXAMINER: certificate could be fo les. R: Page 3	7	Hour e.m. 10 320 While Not While at work Start Park Body Dominion and Mile 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinio
the certification should be should be files.	2	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
S S S S S S S S S S S S S S S S S S S		ACTUAL ACTUAL
品 2 % こ 日 2	,	DEPUTY MEDICAL EXAMINER
TO DEPUTY MED please execute director. Page retained for you for Funeral DIR	2	NAME (Type) Address (Street, city, town, or county) Confre ville 14 a. BURIAL, OREMATION, 1 23b. DATE THEREOF / 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
direction of	-	BURIAL (Specify) 1/13/65 RED MENS CEMETERY SELBYVILLE, DELAWARE
VR ALSME (5)	2	A. FUNERAL DIRECTOR ADORESS DELEVISION PROBLEM STEAM 250. REGISTRAR'S SIGNATURE VILLE ADORESS DELEVISION PROBLEM STEAM 14 1966 ACLIANCE UNIQUE
5M 1/65		in souther the sold I would all the sold to the sold the sold the sold to the sold the sold to the sol

Service of the servic 2 12 m William Son Settle San the time the same and the s The remitable of the state of t Harding and the state of the st 1924 C. S. Pannier, 1971 The street of th PA PASSAS SALA AN ALE ALL THE STATE OF THE BEST OF THE BE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

/		01315 CERTIFICATE OF DEATH 01277						
	1.	PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY OCCUPATION						
		a. STATE THE DE D. COUNTY (S. LOURIS						
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR JOWN (if outside corporate limits, write RURAL end give nearest town)						
-		write RURAL and give nearest town						
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE						
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?						
2		YES NO IN						
	3.	NAME OF First Middle Last 4. DATE Month Day Year						
		(Type or print) JAMOS KIPUS WISON DEATH / 10 1966						
	5.	SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
		DIVERSITY OF THE PROPERTY OF T						
	10a	USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT						
	dur	ing most of working life, even if retired) NDUSTRY COUNTRY?						
	12	eacher Public School Guen Conne, Mail 45#						
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
	2	OWARD WITSON HENRIETTA DARER						
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, or unknown) (If yes give war or dates of service)						
		VIS NWII 161-16-6948 WII Helmon & Wilson Centraliste. Met						
		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]						
		PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) COTOR ONE OCCUPY FLORE ONSET AND DEATH						
		1/2						
		Conditions, If any, which be Cenerlized Artroselerosis years						
		(b) DENETTI LAR AFTERSCIENTS						
		cause (a), stating the DUE TO						
	z	underlying cause last. (c)						
	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
9	ICA	Myo cardial Infart - 1858						
9	CERTIFICAT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
	CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	'AL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
	MEOICAL	Hour a.m. While Not While factory, street, office bldg., etc.)						
	Σ	p.m. 19 at work						
		21. I certify that (I) (this hospital) attended the deceased from hour 10, 1957, to gen 10, 1966 that (I) (we) last						
		saw the deceased alive on Jen 10 1964, and that death occurred at 1000 M, from the causes and on the date stated above.						
		22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED						
1		M.D. PHYS. DIRECTOR PHYS.						
		22c. PHYSICIAN'S NAME (Type) 77 22d. ADDRESS						
		C. T. Lelylon Centreville My						
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town on county) (State)						
	1	Lucial 1-13-66 Carle dapel cem. Vulen linne ha						
1	24.	FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR'S SIGNATURE						
1		ternes I Mashell touston Md. DATE 17 1966 Charley Judge						
,	9	the state of the s						

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31810 when I have beared on the reader And the state of t

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item-18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office, along with form PM3. Page 5 may be retained for your files. TO DEPUTY MEDIC

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File peges 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. (5)3

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

)		01316 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	01278			
	1.	*County, Md. MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Maryla nd Queen Anne's				
	R	b. CITY OR IDWN (If outside corporate limits, c. LENGTH OF STAY IN 1bF. D. Church Hill, Md. Lifetime	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) R.F.D. Church Hill, Maryland				
5		d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) At Home	d. STREET ADDRESS // / - /	e. IS RESIDENCE ON A FARM? YES ND #			
			right 4. DATE Month CF DEATH 1	Day Year 26 1966			
		ale Colored 7. MARRIED NEVER MARRIED 8	4/4/1897 last birthdey) Months C	YEAR IF UNDER 24 HRS Hours Min.			
	dur	LUSUAL OCCUPATION (Give kind of work done log most of working life, even if retired) Labor Various	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.				
	13.	Will Wright	14. MOTHER'S MAIDEN NAME Matilda Clark				
	15. (Ye	es. no. or unknown) (If yes nive war or dates of service)	rs.Mary Wright Church Hill, Md.				
		Conditions is any which DUE TO	Assiated	INTERVAL BETWEEN ONSET AND DEATH			
		gave rise to immediate cause (a), stating the underlying cause lest.	15/62	yestrs			
5	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		19. WAS AUTDPSY PERFORMED? YES NO S			
	CERTIF	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COULD CAUSE OF DEATH.	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)				
	MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20e. PLA facto facto at work at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Coun pry, street, office bidg., etc.)	ty) (State)			
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection W, Inquiry W, death resulted from: Natural causes W, Accident, Suicide, Homicide, Undetermined manner [
7		ACTUAL SIGNATURE STEAMY Lay Earl	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER CONTROL	22. DATE SIGNED			
d	EXAMINER'S NAME (Type) Rodney C. Layton M.D. Address (Street, city, town, or county) Centreville, Md 23a. BURIAL, CREMATION, 23b. DATE THEREOF Richneck Hall Cem. 23c. NAME OF CEMETERY OR CREMATORY Representations (State) Near Church Hill, Md.						
		FUNERAL DIRECTOR ADDRESS Chestertown, M	25a. REC'D BY REGISTRAR 25b., REGISTRAR'S	SIGNATURE			

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